Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint 1641529/IL84202	S 000		
S9999	Final Observations Statement of Licensure Violation : 300.610a 300.1210b)c) 300.3240a Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/14/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to recognize, assess and manage pain for 2 of 5 residents (R3 and R5) reviewed for pain management in the sample of 5. This failure resulted in R3 and R5 experiencing increased pain and discomfort without receiving adequate pain medication before therapies or providing care that required movement. Findings include: 1. The Physician's Order Sheet (POS), dated 10/31/13, documented R5 had the following diagnoses, in part as, Lewy Body Dementia, History of Falls with Left Hip Fracture (not repaired), Chronic Edema and Pain. The POS, dated 10/31/13, documented "Pain Assessment every 72 hours." R5's Physician's Order, dated 12/20/15, documented an order for Tramadol HCL 50 millgrams (mg), give every four hours as needed for two days. The POS, dated 12/22/15, documented an order for Acetaminophen 1,000 mg three times per day. On 12/24/15, the POS documented an order for Fentanyl patch 12 micrograms (mcg)/hour, change every three days. However, this patch was discontinued on 12/27/15 per family request due to causing R5 to become lethargic. On 02/25/16, the POS documented Morphine 100 mg/5 milliliters (ml),	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 give 0.125 ml every four hours. R5's Minimum Data Set (MDS), dated 02/25/16, documented R5 was moderately cognitively impaired and required total assistance of two staff for bed mobility, transfers, dressing, hygiene, bathing and toileting. The MDS also documented R5 had scheduled pain medications and that a pain assessment should be conducted. There was no pain assessment documented in R5's medical record. R5's Care Plan, dated 02/13/16, documented "Observe and monitor me (R5) for pain and offer me medication that I have ordered if needed." R5's Nurse's note, dated 12/19/15 at 4:05 PM, documented R5 sustained a left hip fracture from a fall at the facility. On 12/20/15, R5's Nurse's Note documented R5 returned from the hospital with an order for Tramadol for pain control. There was no documentation that this was ever given to R5. On 12/21/16 at 7:50 PM, R5's Nurse's Note documented R5 rated pain at a 6 out of 10, however there was no documentation of R5 receiving any pain medication. This Nurse's note documented R5's family did not want surgical repair done due to R5's poor health condition. On 12/22/15 at 12:05 AM, R5's Nurse's Note documented R5 "grimacing with movement." However, there was no documentation of the facility giving any pain medication until 12/22/15 at 9:00 PM.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 The EMAR (Electronic Medication Administration Record) Monthly Report for December, 2015 documented that the Tramadol ordered was never given to R5. It documented no pain medication given until 12/22/15. The EMAR For January, 2016, documented R5 was given Acetaminophen as ordered three times per day. The EMAR for February, 2016, documented R5 had only received one dose of Acetaminophen by mouth on 2/15, 2/16, 2/21, 2/24 and 2/25. It documented on 2/25 and 2/28 Acetaminophen 650 mg given rectally. The remainder of the days in February had no documentation of any pain medication given. There was no documentation of the assessment of pain level, causative factors of pain or a plan to manage further episodes of pain. A radiology report, dated 02/04/16, R5's "fracture of the left femoral neck demonstrated mild interval displacement and appears mildly impacted when compared with the previous study." Adding, "the distal fracture part demonstrates slightly greater proximal and medial migration with the fracture site appearing mildly impacted." On 03/29/16 at 4:00 PM, E9, Licensed Practical Nurse (LPN), stated that R5 was routinely given pain medication, but was not sure of how often or when it began. E9 stated that R5 would grimace when moved or say "Oh" when she was in pain, and that whenever she was moved, R5 would show signs of being in pain. On 03/29/16 at 4:10 PM, E10, Certified Nursing Assistant (CNA) stated R5 would grimace as if	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 she were in pain when moved for perineal care or transfers. 2. The Admission Sheet documents R3 is a 90 year old male admitted to the facility on 3/18/16 with a history of recent Intertrochanteric fracture with left hip surgery, dementia and back surgery in part. R3's Hospital Discharge Summary, dated 3/18/16, documents "Postsurgical changes of the left proximal femur. Chronic fracture of the left proximal femur." R3's Interim Care Plan has Pain Control crossed out with pain management plan checked but no interventions listed. Pain location is identified as "tailbone." The March 2016 POS and admitting orders document R3 received Norco 5-325 one tab every 4 hours for 3 days following admission, discontinued on 3/20/16 and currently has Tylenol 650 mg every 4 hours PRN for mild pain. An order, dated 3/18/16, documents "Ask and assess resident for pain and administer pain medication as indicated 2x/day and make appropriate progress note and record pain scale 0-10." R3's Progress notes dated from admission on 3/18/16 thru 3/20/16 have no entries regarding pain management although R3 was documented as receiving the Norco every 4 hours routinely. Following the discontinuation of the Norco on 3/20/16, the Medication Administration Record (MAR) documents R3 received Tylenol one time on 3/20/16 at 3:55 PM with no documentation of severity of pain, location or circumstances of the pain complaints documented but only documents "resident reports pain." There is no documentation that includes a visual assessment	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 given the progress notes document R3 has some confusion at times. On 3/21/16, at 9:47 AM, the progress notes documents pain "controlled by current interventions" but other than the PRN (As needed) Tylenol order, there is no interventions identified. At 9:52 AM the same morning (3/21/16), the progress notes document "recent increase in pain" with the MAR showing R3 received Tylenol on 3/21/16 at 9:52 AM. There is indication in the progress notes that the nurse identified the discontinuation of the Norco and the increase in pain. At 2:39 PM, the progress notes document "controlled by current interventions." There is no evidence the facility assessed R3's pain comprehensively that included possible nonverbal signs of pain and/or anticipatory pain with movement. On 3/27/16, at 8:25 AM, E4, Registered Nurse (RN), gave R3 Tylenol for back pain with a severity of 4/10. At 5:12 PM, 9 hours after administering the Tylenol, E4 documented "denies any pain at this time." E4 did not document the effectiveness of the Tylenol after giving the medication to R3 at 8:25 AM. On 3/29/16 at 10:45 AM, R3 was at the dining room table with E6, Therapy Director/Speech Therapist. E6 told R3 she would have the nurse give him Tylenol for complaints of pain at the time. The MAR documents R3 received Tylenol 650 mg at 10:49 am that morning for a severity level of 7/10, feeling of pain is "burning, throbbing", cancer pain, pain recent onset related to traumatic event with a history of pain but includes no location and no followup to the effectiveness of the Tylenol given at 10:45 AM. At 5:13 PM, 7 hours later, E3 Licensed Practical	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

Nurse (LPN) documented R3's severity of pain 2/10 perceived as "ache" again with no location identified, and no Tylenol documented as given for mild pain.

On 3/29/16 from 1:03 PM until 4:34 PM, R3 was sleeping soundly with no visual sign/symptoms of pain. At 4:34 PM, E5 and E7, Certified Nurses Aides (CNA) pivoted R3 to the side of his bed. R3 grimaced, moaned and groaned stating "oh the pain, why is it so painful?" After pivoting to the side of the bed, R3 attempted to redistribute his weight to be more comfortable as he moaned. E5 stated "I know it's painful" so we'll be quick and get you into the chair. R3 was slid to the edge of the bed and continued to moan. When asked by E5 where his pain was, R3 stated "I don't know" as he shook his head. Once in the wheelchair, R3 appeared more comfortable and when asked if he wanted a pain pill, told E5 "no." E5 stated this is typical behavior for R3 in that he always moans/groans and complains of pain when moved but is okay when not being moved. There is no evidence in the progress notes that E5 reported R3's complaints of pain to the nurse.

On 3/30/16 at 8:45 AM, E6 stated R3 typically complains of leg or back pain and yesterday, she made sure he had been given Tylenol before he went into therapy after breakfast. E6 stated the Physical therapist assistant (PTA) E8 stated he did well in therapy with the Tylenol.

On 3/30/16 at 10:38 AM, E8 PTA stated R3 will deny pain one time and another complain of knee pain and/or back pain. E8 stated pain medication helps one perform better and he does think R3 does better with the pain medication. E8 stated R3 did well last week and reported being told R3 walked in his room but hasn't done so good this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

week suggesting some decline. E8 was surprised that R3 has had only 5 doses of Tylenol in the last 10 days and agrees that R3 has pain upon movement which should be anticipated and treated.

Physical Therapy notes dated 3/19/16 document R3 as "unable to rate pain numerically but indicates low back and right hip discomfort with bed mobility and transfer." A note dated 3/29/16 documents "due to limited progress this week, max VI for safety, posture and gait with // (Parallel) bars or ww (wheelwalker.)"

On 3/30/16 at 9:37 AM, E2 Director of Nurses (DON) stated the facility does not do any pain assessment other than what is in the progress notes and provided a "Nursing Observation/Assessments and Documentation" policy dated 4/23/13. The policy documents "Observations/Assessments will be conducted and documented in the medical record by members of the clinical care team in order to evaluate and monitor the resident's status related to their clinical and psychological needs. The frequency of the observation/assessment is based on the resident level of care and their individual health care and psychosocial status as well as the caregivers scope of practice and training. These will be done at a frequency and in a format that aids the care team in understanding the resident and provide guidance to the team as they work with the resident and their family/significant others in defining/individualizing care needs and goals. The observation and assessment is defined as to mean to provide baseline information and routine monitoring and oversight of a residents general condition. This information should be concise, accurate, objective, timely and entered by the individual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

who obtains the data/completes the observation and/or provides for the oversight." This policy has "Pain" listed under Additional Observations and documents "Pain interview or observation as defined in the MDS (Minimum Data Set) 3.0 Users manual will be conducted a minimal of on admission and with each MDS assessment and as needed. If Pain is present, resident will be interviewed as appropriate and/or observation related to pain including intensity, frequency, location and alleviating interventions will be done with follow-up observations as needed until pain is managed per resident individual plan."

The facility had no documented comprehensive assessment to determine if R3's pain is acute, chronic, when it most likely occurs and/or is predictable, treatment, and what interventions staff could use to ensure his comfort during movement and therapy. They had no documented assessment regarding the effectiveness of the Tylenol after giving it PRN (as needed) as is standard nursing practice.

The facility had no documented assessment or monitoring tool to identify R3's pain as "incident pain" or pain upon movement and with therapy which is predictable given his fractured hip and surgery status. The facility has no documentation in the progress notes and/or in the interim care plan that includes interventions for staff to use to ensure comfort during these times his ultimate comfort when his acute pain may cause impaired mobility or diminished quality of life including prior to therapy.

At 2:30 PM on 3/30/16, E1, Administrator provided a one page policy entitled "Pain Management", undated, which documents the purpose as "The resident has the right to have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016711	A. BUILDING: _____ B. WING _____	C 03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORDIA VILLAGE CARE CENTER	4101 WEST ILES AVENUE SPRINGFIELD, IL 62711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 their pain assessed, managed, and re-evaluated in a timely manner using a team approach that includes input from the resident and their family." The policy documents "all residents are assessed for pain at the time of admission, quarterly, and with any new report of pain and at regular intervals once pain has been identified. Documentation will be completed in the "Pain Management" section of Optimus and will include pain management progress notes. The policy includes a pain scale of 0-10 with 10 being the worse, route of medication and other comfort measures that can be offered such as music, pastoral care, ice, heat, massage, relaxation techniques, position changes, pillow, etc. (B)	S9999		